

## Client Information Sheet

Client's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_  
S M W D  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_

\*Please mark preferred contact #

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Guarantor's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Referred By: \_\_\_\_\_

### IF CLIENT IS A MINOR OR STUDENT

Mother's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Father's Name : \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Authorized to Treat Minor Signature: \_\_\_\_\_

### PRIMARY INSURANCE INFORMATION

Insurance Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ Group #: \_\_\_\_\_

Name Insured: \_\_\_\_\_

### SECONDARY INSURANCE INFORMATION

Insurance Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ Group #: \_\_\_\_\_

Name Insured: \_\_\_\_\_

### RELEASE OF INFORMATION

I authorize the release of any medical information/records to the insurance carrier(s) listed above

Signature: \_\_\_\_\_

Client or Parent/Guardian Of Minor